



**HILLCREST PLACE, CARLSON, WINDSOR & OAK STREET APARTMENTS (DEKALB)
EMMSEN-HILL & CARRIAGE HOUSE APARTMENTS (SYCAMORE)**

RENTAL APPLICATION

OFFICE: 220 EAST HILLCREST DRIVE, DEKALB, ILLINOIS 60115

PHONE: 815-758-0600, FAX: 815-758-0601

FIRST NAME: _____ M.I. _____ LAST NAME: _____

CURRENT ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PERMANENT ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ SS #: _____ EDUCATION LEVEL: _____

DRV/LIC#: _____ CURRENT PHONE #: _____

E-MAIL ADDRESS: _____

RENTAL REFERENCES:

CURRENT RENTAL NAME: _____

RENTAL STREET ADDRESS: _____ CITY: _____ STATE: _____

LEASE BEGINNING DATE: _____ LEASE ENDING DATE: _____

MONTHLY RENT YOU PAY? \$ _____ UTILITIES YOU PAY? _____

LANDLORDS NAME: _____ LANDLORDS PHONE #: _____

PREVIOUS RENTAL NAME: _____

RENTAL STREET ADDRESS: _____ CITY: _____ STATE: _____

LEASE BEGINNING DATE: _____ LEASE ENDING DATE: _____

MONTHLY RENT? \$ _____ UTILITIES YOU PAID? _____

LANDLORDS NAME: _____ LANDLORDS PHONE #: _____

EMPLOYMENT OR STUDENT INFORMATION/REFERENCES:

CURRENT JOB

STATUS: FULL TIME: _____ PART TIME: _____ UNEMPLOYED: _____ DISABILITY/SS: _____

EMPLOYER'S NAME: _____

EMPLOYER STREET ADDRESS: _____ CITY: _____ STATE: _____

START DATE: _____ POSITION: _____ WAGE: _____

SUPERVISOR: _____ PHONE #: _____

STUDENT: WHAT YEAR IN SCHOOL? _____ WHAT SCHOOL? _____ GPA _____

PREVIOUS JOB

STATUS: FULL TIME: _____ PART TIME: _____

EMPLOYER'S NAME: _____ WAGE: _____

EMPLOYER STREET ADDRESS: _____ CITY: _____ STATE: _____

START DATE: _____ END DATE: _____ POSITION: _____

SUPERVISOR: _____ PHONE #: _____

BANK & CREDIT REFERENCES:

CHECKING: _____ SAVINGS: _____ BANK NAME/CITY/STATE: _____/_____

CREDIT REFERENCES (VISA, LOANS, ETC). LIST LENDER, ADDRESS, TOTAL OWED, MONTHLY PAYMENT:

- 1. Car Payment: _____/_____ \$ _____ \$ _____
- 2. Credit Card(s): _____/_____ \$ _____ \$ _____
- 3. Installment loan(s): _____/_____ \$ _____ \$ _____
- 4. _____/_____ \$ _____ \$ _____

MONTHLY EXPENSES:

Phone \$ _____, Child Support \$ _____, Student loans \$ _____, other obligations \$ _____

PERSONAL REFERENCES: (NO PARENTS, RELATIVES). INCLUDE NAME, PHONE #, RELATIONSHIP

- 1. _____/_____/_____
- 2. _____/_____/_____
- 3. _____/_____/_____

HAVE YOU EVER:

Filed for bankruptcy? _____ If yes, what year? _____

Been evicted from tenancy? _____ Withheld rent? _____ Explain: _____

Been arrested? _____ Belong(end) to a gang? _____ Date/explain: _____/_____

Been convicted of a crime? (Include misdemeanors): _____ Date/explain: _____

In case of emergency notify: _____

Relationship: _____ Phone: _____

Street Address: _____ City: _____ State: _____

Who will pay your monthly rent? You: _____ Parents: _____ Other: _____

If you answered parents or other, who may we call to verify? _____ Phone #: _____

If you, what will be the source of your monthly rental payments?

Job(s) _____ Financial aid _____ (circle NIU or Kishwaukee) Other _____

Name & ages of children to reside in apartment: _____

List any pets you have: _____

Automobile: Make: _____ Model: _____

Year: _____ Color: _____ License Plate #: _____

What size / location apartment are you applying for? _____

Move in date requested: _____

I hereby attest and declare that the above information can be relied upon as being true and accurate. If any of the above information is false, I hereby agree that my entire deposit may be forfeited to you and, at lessor's option, may result in eviction. I authorize Hillcrest Place Apartments, and their Agents to obtain any and all credit information available about me in regards to this application only.

Date:

Applicant Signature